

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004264

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

507

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN
St. Louis

Inside Limits.
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR ST. LOUIS CITY HOSP. # 1
INSTITUTION

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1308 So. 10th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EARL

RUSSELL

WATKINS

4. DATE OF DEATH

Month

Day

Year

1

15

63

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/3/1906

9. AGE (last birthday)
56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Wire Weaver

10b. KIND OF BUSINESS OR INDUSTRY
Wire Co.

11. BIRTHPLACE (City and state or country)
Steelville, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Wes Watkins

13b. MOTHER'S MAIDEN NAME

Jane (Unknown)

14. NAME OF HUSBAND OR WIFE

Gladys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes Navy - Peace Time

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT Address
Gladys Watkins, 1308 So. 10th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL VASCULAR ACCIDENT

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.

DUE TO (b)

CEREBRAL ARTERIOSECTOMY

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE PYELONEPHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

12/23/62

1/15/63

1/15/63

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at 4:00 A M _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

1/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
1-17-63

23c. NAME OF CEMETERY OR CREMATORY
Masonic Cemetery

23d. LOCATION (City, town, or county)
St. James, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gahr Funeral Home, St. James, Mo.

25. DATE RECD. BY LOCAL REG.

JAN-16-1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

Redzon

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

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75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.